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**INFORMATION REPORT**

PREPARED AND DISSEMINATED BY

CENTRAL INTELLIGENCE AGENCY

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COUNTRY

Hungary

SUBJECT

System for Training and Utilizing MD's/  
Civilian Hospitals in the County of Gyor/  
Rural Medical Practice and Organization as  
Exemplified by the Jaras of Csorna /Research  
plan for Csorna Jaras hospital

DATE DISTRIBUTED

24 July 57

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SUPPLEMENT TO REPORT #

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THIS IS UNEVALUATED INFORMATION

**I. System for Training and Utilization of Doctors**

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1. [ ] the quality of the average MD trained at Hungary's four medical schools in Budapest, Debrecen, Szeged and Pecs is not so good as in pre-Communist days because of discrimination against members of the former landed aristocracy. While some sons of former landlords are still admitted to medical schools, specialist training, most research positions, etc are usually limited to sons of working-class families regardless of their ability, while members of the old aristocracy usually become general practitioners in rural areas. 25X1
2. After a man has obtained his MD degree (ie, completed five years of schooling plus one year of internship) he is assigned to a particular type of specialist training, to a research job or perhaps to a rural hospital. Every year the Ministry of Health decides how many members of the graduating class should become surgeons, internists, ophthalmologists, GP's, etc. At each university there is a so-called "Cadre Committee" composed of faculty members, a certain number of medical students who are elected to the committee by their school-mates and a number of Communist Party members. It is the function of the Cadre Committee to make the specific assignments and it is usually in this connection that discrimination is practiced against members of the pre-Communist aristocracy. The initial post-graduate assignment is compulsory and lasts for a period of two years. During this two-year period the MD is classified as a "central assistant" (Kozponti Gyakorlak) and his salary is paid by the Ministry of Health. At the conclusion of the two-year period the MD is permitted to make application for a new assignment. In general his freedom of choice is limited to the field to which he has been originally assigned, eg, if a man has been assigned to surgery it would be difficult to transfer to ophthalmology. However, he may make application to practice his specialty at a different hospital or perhaps to go into research exclusively. An application for change of assignment is submitted to the institution at which the individual wishes to work. His appointment is made by the chief of the institution with concurrence of the Ministry of Health. After the conclusion of his assignment as a "central assistant", the MD ceases to be paid by the Ministry of Health and his salary is paid by the institution at which he works. Throughout his career any doctor may make application for a position in a different area but he cannot leave until his transfer is approved by the Ministry of Health and approval, of course, depends on specific needs in the area to which the MD wishes to transfer.

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**II. Civilian Hospitals in the County of Gyor**

3. Principal civilian hospital in the county of Gyor is located in the city of Gyor. At the time of the revolution, it was a 600-800 bed institution.

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\_\_\_\_\_ sometime during the spring of 1957 the military hospital in Gyor was closed and its facilities combined with those of the county civilian hospital. The combination of the two institutions would probably make available between 1,000 and 1,200 beds for civilian use. Chief physician at the Gyor Hospital at the time of the revolution was Dr Andor Varadi. Dr Varadi was an influential Communist Party figure, intensely hated by the people in Gyor and, therefore, forced out during the revolution. He was replaced by Dr Zoltan Mike. Dr Mike's position is primarily an administrative one, of course, and he does not actually practice medicine. In addition to being director of the county hospital at Gyor, Dr Mike is also chief physician for the entire county and all jaras hospitals and their staffs are under his jurisdiction.

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4. In addition to the main county hospital in Gyor there is a civilian hospital in each of the jaras of Gyor County. The county hospital is also the hospital for the jaras of Gyor. Other jaras hospitals and their capacities are as follows:

<u>Jaras</u>	<u>Bed Capacity</u>
Csorna .....	250-300 beds
Kapuvár .....	150-200 beds
Mosony .....	250-300 beds
Sopron .....	400 beds

5. The foregoing hospitals constitute the sum total of civilian institutions available to the people in the county of Gyor. The county hospital located in the city of Gyor takes care not only of all patients in the city of Gyor and the jara of Gyor, but also special cases which the other jaras hospitals are not equipped to handle. In addition the county hospital performs the more complicated laboratory work which in most instances a jaras hospital is not equipped to undertake (see paragraph 13 below).

### III. Medical Practice and Organization in the Jaras of Csorna

6. Medical center for the jaras of Csorna is the hospital located in the city of Csorna. It is the only hospital available to the 40 thousand residents of the jaras and its staff members, most of whom were specialists, supervised work of the general practitioners located in the surrounding countryside.
7. Chief physician at Csorna is Dr Paul Keviczky. Departments and bed capacity for each department are as follows:

<u>Department</u>	<u>Number of beds</u>
Surgery	70
Internal Medicine	70
Child Neurology	70-80
OB/GYN	30
Polio	20
Pediatrics	26
Maternity	28

8. While the Csorna Hospital is a typical jaras hospital in most respects it had two unique features. It was one of three hospitals in the entire county with a child neurology department and a polio department.

9. There were usually about 12 MD's on the hospital staff and all had had specialist training because, \_\_\_\_\_ one of the functions of the specialists is to supervise the work of the 12-20 GP's scattered throughout jaras. The supervisory role is particularly important for three department chiefs, ie OB/GYN, internal medicine, pediatrics. As chief pediatrician of the jaras of Csorna, \_\_\_\_\_

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10. Position of chief pediatrician in any jaras is a particularly sensitive post because of the emphasis placed by the Ministry of Health on reduction of the child mortality rate below that of the pre-Communist era for propaganda purposes. As a part of its program the Ministry requires that the death of any child below the age of one year should be investigated to determine if there has been negligence or malpractice on the part of the MD attending the child. Severe penalties can be meted out to those guilty of negligence or malpractice, although in most instances members of the medical profession stick together pretty closely and reports are prepared in such fashion as to protect the doctors from unwarranted accusations by Communist Party officials who review the reports.

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The attending physician submitted a report [redacted] the report could not be used as grounds for punishing him for the death of the child. Incidentally, for 1955 the child mortality rate (ie deaths up to one year of age) for the country as a whole was seven percent. For the jaras of Csorna it was four to five percent.

11. About 90 percent of the patients at the Csorna Hospital are members of the National Health Insurance Association (Szakszervezeti Tarsadalom Biztosito Kozposet - SZ T K) which pays the entire cost of medical care for its members. Hospital charges are planned so as to give the hospital a theoretical profit of about 30 percent.

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[redacted] all profits go to the State and are not available for use by the hospital. No funds can actually be expended except for equipment, projects, medicines, etc, which are included in the hospital's yearly plan of operations which must be approved by the Ministry of Health. Daily charge per patient at the hospital ranges from 40 to 60 forints and this charge covers everything. On the first day, in addition to the 40 to 60 forints there is a charge of 80 forints which covers a physical examination given to each patient upon admission to the hospital. As additional indicators of our financial pattern

(a) the hospital is usually allocated about U\$1.16 per bed per day for medicines and (b) top salary paid an MD is from 2200 to 2400 forints per month for the position of department chief.

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12. In common with every enterprise in Hungary the jaras hospital has to submit at the beginning of each year an extremely detailed plan covering all proposed expenditures, projects, etc.

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13. The Csorna Hospital is reasonably well equipped to handle ordinary surgery work. (Most of the instruments were imported from East Germany.) Diagnostic and therapeutic facilities include X-ray (for diagnostic purposes only), an EKG, equipment for basal metabolism and diathermy. For the polio department there are also two iron lungs, one of which was imported from Czechoslovakia and the other made in Hungary. The hospital also has a laboratory equipped to do routine work, ie normal hematology, urinalysis, serum bilirubin, spinal taps, and stool tests for parasites. More complicated laboratory work such as the Wasserman test, pathological work, blood sugar, and bacteriology must be sent to the laboratory in the county hospital at Gyor.

14. Antibiotics constitute the principal medicinal shortage. Penicillin and streptomycin are available but both are of Hungarian origin and of very low quality. On occasion, use of Hungarian penicillin would require a dosage 50 times that of a good Western penicillin to achieve a comparable effect. It is common practice for patients with relatives in the West to request antibiotics and a substantial amount of the good antibiotics used by the hospital are obtained by this means. Not only antibiotics but also other Hungarian medicinal preparations are of low quality.

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[redacted] Vitamin D is used as a dietary supplement for children with rickets. In many instances, however, the Vitamin D does not produce beneficial results. Analyses made in about 1953 determined that at least some of the Vitamin D turned out by the pharmaceutical houses contained no Vitamin D and about 1954 there was a meeting in Budapest of some 40 or 50 pediatricians

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who charged the pharmaceutical companies with negligence in the production of Vitamin D. This protest did not result in any appreciable improvement in Vitamin D and a second meeting was held in about 1955. At this meeting representatives of pharmaceutical companies stated definitely that the Vitamin D tablets did contain Vitamin D but they did not say how much. To the best of my knowledge it is still inadequate.

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## P L A N N I N G S H E E T .

ABOUT THE TOPIC OR SUBJECT TO BE WORKED OUT IN THE COURSE  
OF THE II (SECOND) "FIVE YEAR PLAN" AND FORWARDED WITH REQUEST  
FOR SUPPORT .

WHICH BRANCH OF THE HUNGARIAN  
MEDICAL SCIENCES  
IN THE COURSE OF THE II(SECOND)  
"FIVE YEAR PLAN " DO YOU JOIN ???

( M T A . , E T T . , T T T )

ANSWER : THE M.T.A. AND E.T.T.  
COMBINED SUBJECT .

IV/2. ( APRIL 2. ? )

NAME OF THE PROPOSING  
INSTITUTE OR CHAIR :

ANSWER : C S O R N A J A R A S COUNCIL HOSPITAL .

LEADER OF THE INSTITUTE  
OR CHAIR :

ANSWER : Dr. KEVICZKY PAUL  
DIRECTOR

THE ADDRESS AND TELEPHONE NUMBER  
OF THE INSTITUTE OR CHAIR :

ANSWER : C S O R N A ,  
RED ARMY STREET

THE TITLE OF THE SUBJECT :

ANSWER :

CLINICAL STUDY OF THE INTESTINAL INFECTIONS AMONG SUCKLINGS AND  
CHILDREN

THE COMPLETE NAME  
OF THE

S U B J E C T :  
AND

WITH SPECIAL CONSIDERATION TO THE CAUSING PATHOGENS<sup>1</sup> TYPES  
PRECISLY AND IN FIRST LINE THOSE PRODUCED BY BACILLUS  
PYOCYANEUS AND THE ENCOUNTERED COMPLICATIONS.

THE NAME OF THE  
RESPONSIBLE RESEARCHER

: ANSWER : Dr. B. GY .  
CHIEF PEDIATRICIAN

COWORKERS

: ANSWER : Dr. SZENES LÁSZLÓ ?

THE DETAILED DESCRIPTION OF THE SUBJECT :

CONTINUATION OF MY PREVIOUS RESEARCH WITHIN THE FRAMES OF THE ENTERIC DEPARTMENT  
OF THE HUNGARIAN ACADEMY OF SCIENCES(M.T.A.).

I WANT TO EXAMIN :

- 1./ THE CHANGES AND ALTERATIONS OF THE NTESTINAL FLORA IN CONNEXION WITH  
DIFFERENT INTESTINAL INFECTIONS REGARDING ESPECIALLY THOSE CAUSED BY  
"PROTEUS VULGARIS", "PROTEUS MORGANI " AND "BACILLUS PYOCYANEUS " WITH  
EMPHASIS ON THE ROLE OF B.PYOCYANEUS IN THE PATHOGENESIS OF THESE INFECTIONS.
- 2./ THE DEFECT OR FAILURE OF NUTRITION (ATROPHYING EFFECT ) ASSOCIATED WITH  
THESE TYPES OF INFECTIONS.

- 3./ THE COMPLICATIONS WHICH OCCUR IN THE COURSE OF THESE INFECTIONS ESPECIALLY OF THOSE COMPLICATIONS WHICH ACT ON OR ALTER~~THE~~ THE GASTRIC SECRETIONS AND THOSE WHICH HAVE AN EFFECT ON THE BLOOD FORMING ORGANS .
- 4./ THE OTOLOGIC COMPLICATIONS WHICH MIGHT ARISE IN THE COURSE OF THESE INTESTINAL INFECTIONS WITH SPECIAL ATTENTION TO "ANTROTOMIES " AND THE BACTERIOLOGICAL STUDY OF "SCRATCHES " AND IN WHAT DEGREE THE INTESTINAL PATHOGENS CONTRIBUTE TO THESE EAR COMPLICATIONS ?
- 5./ THE EFFECT OF "IRON" PREPARATIONS GIVEN PARENTERALLY ON THOSE TYPES OF ANEMIAS WHICH ARE ASSOCIATED WITH INTESTINAL INFECTIONS.
- 6./ THE STUDY OF THE HAEMOPOETIC ACTIVITY OF THE GASTRIC SECRETION IN INTESTINAL INFECTIONS .
- 7./ THE STUDY OF THE "VITAMIN C " METABOLISM IN INTESTINAL INFECTIONS .
- 8./ CHANGES IN THE BACTERIAL FLORA OF THE INTESTINES TO THE ACTION OF ANTIBIOTICS AND THE STUDY /TESTING OF THE BACTERIAL RESISTANCE .
- 9./ TO WHAT DEGREE THE ADMINISTRATION OF ANTIBIOTICS HAS INFLUENCE ON THE ACIDITY OF THE STOMACH, ON THE BLOOD FORMING SYSTEM AND ON THE METABOLISM OF VITAMIN "C".
- 10./ EXAMINATION OF BACTERIAL FLORA IN A T R O P H I C SUCKLINGS .

# # #

THE METHOD OF RESEARCH : ANSWER :

ROUTINE BACTERIOLOGICAL EXAMINATION OF THE STOOL OF EVERY HOSPITALIZED SUCKLING .  
IN CASE OF INTESTINAL INFECTIONS BACTERIOLOGICAL EXAMINATION OF THE STOOL IS PERFORMED EVERY 3-d DAY.  
IN CASE WHEN ANTIBIOTICS ARE ADMINISTERED BACTERIAL SENSITIVITY TESTS ARE PERFORMED FIRST IN "VITRO " .

IN INTESTINAL INFECTIONS AND IN ATROPHIC CHILDREN ,  
A. THE GASTRIC ACIDITY IS DETERMINED .  
B. THE HAEMATOLOGIC STATUS OF THE CHILD IS DETERMINED  
1. COMPLETE BLOOD STUDY ,  
2. HEMATOCRIT DETERMINATION , AND  
3. PRICE - JONES CURVE .  
C. THE CONTENT OF VITAMIN "C " IN BLOOD AND URINE .  
THESE LABORATORY TESTS ARE PERFORMED SYSTEMATICALLY .

IN CASE OF OTOLOGIC COMPLICATIONS :

A. ATTEMPT IS MADE TO GROW CULTURES FROM THE PUS OBTAINED BY PARACENTESIS AND DURING THE TREATMENT THE RESISTANCE OF THESE OTOGENIC BACTERIA IS TESTED .

IN CASE OF "ANTROTOMY " WE PERFORM A HISTOLOGICAL , BACTERIOLOGICAL AND BACTERIO-RESISTANCE TEST FROM OBTAINED "SCRATCHES " .

FOR THE DETERMINATION OF THE STOMACH SECRETION CONTAINING THE FRACTION WHICH HAS EFFECT ON HAEMOPOESIS AND FOR THE CHANGES IN GASTRIC ACIDITY WHICH OCCUR IN DIFFERENT INFECTIONS OF VARIOUS ETHYLOGY WE PERFORM THE "SINGER TEST " .  
APPEARED IN VOPR. P E D I A T R I J A 1952.29.

WE STUDY THE EFFECT OF IRON PREPARATIONS GIVEN PARENTERALLY ON THE "FERROPRIV ANEMIAS " ASSOCIATED WITH THESE INFECTIONS, THE EFFECT OF THE "FOLIC ACID " AND "VITAMIN B 12 " .



DURING ADMINISTRATION OF ANTIBIOTICS WE WATCH THE CHANGES IN THE CLINICAL PICTURE, THE VARIATIONS OF THE GASTRIC ACIDITY, THE HAEMOPOETIC SYSTEM AND THE METABOLISM OF "VITAMIN C".

WITHIN THE ACTIVITY OF THE "HEALTH PROTECTION SERVICE" WE PERFORM EXAMINATIONS OF THE INTESTINAL BACTERIAL FLORA IN ATROPHIC CHILDREN.

FINALLY WE EXAMINE THE FEEDING OF THE CHILDREN WITH ENTERAL INFECTIONS TO DETERMINE THE ADEQUATE FEEDING WHICH HAS THE MOST FAVORABLE INFLUENCE ON THE INTESTINAL INFECTIONS AND THE ATROPHIC CHILDREN.

A SUMMARY OF THE THEORETICAL AND PRACTICAL SIGNIFICANCE OF THE SOLUTION :  
ANSWER :

IN THE CLARIFICATION OF INTESTINAL DISEASES THE UNDERSTANDING OF THE CAUSES WHICH LEAD TO COMPLICATIONS IS OF GREAT PRACTICAL IMPORTANCE FROM PATHOLOGICAL AND THERAPEUTIC POINT OF VIEW.

PERSONAL SCIENTIFIC PUBLICATIONS CONNECTED WITH THE SUBJECT (ATTACHE) :  
ANSWER :

A.) LECTURES DELIVERED AT THE MEETINGS OF THE "TOPIC COMMITTEE OF THE HUNGARIAN ACADEMY OF SCIENCES";

- 1./ EPIDEMIC CAUSED BY "D.C. 026. B<sub>6</sub> STRAIN".  
UNDER PUBLICATION IN "THE PEDIATRICS".
- 2./ THE SIGNIFICANCE OF ATROPHY AND ITS CONNECTION WITH THE INTESTINAL INFECTIONS.
- 3./ THE ROLE OF "VITAMIN C" IN ANEMIAS ACCOMPANIED BY INTESTINAL INFECTIONS.  
"UBER WIRKUNG DER ASCORBINSÄURE AUF DEN EISENSTOFFWECHSEL. PAED. DAN. IN GERMAN".
- 4./ THE SIGNIFICANCE OF ATROPHY AND FACTORS WHICH CONTRIBUTE IN ONE "J A R A S" (SMALL ADMINISTRATIVE TERRITORY).  
LECTURE AT THE GENERAL MEETING OF PEDIATRICIANS 1955. UNDER PRINTING.

SUMMARY OF PRELIMINARY RESEARCH ALREADY DONE AND THE RESULTS :

ANSWER :

I EXAMINED 4,000 BABIES FROM THE POINT OF VIEW OF GROWTH AND DEVELOPMENT AND I POINTED OUT THAT, ATROPHY OCCURS MOST FREQUENTLY IN CONNECTION WITH GASTRO-INTESTINAL DISEASES. IN 181 INSTANCES I EXAMINED THE RATE AND DISTRIBUTION OF CERTAIN PATHOGENS, THE FURTHER EXAMINATIONS ARE DESIRABLE.

THE GASTRIC ACIDITY VARIES DEPENDING ON THE CAUSING PATHOGENS, FOR INSTANCE IN "DYSPEPSIA COLI" (D.C.) THERE IS ANACIDITY. IN THE REST OF CASES THE OBTAINED VALUES WERE UNSIGNIFICANT.

IN 145 INSTANCES COMPLETE HAEMATOLOGIC STUDY WAS DONE AND THE ASSOCIATED ANEMIAS WERE OF "FERROPRIVE ANEMIAS" TYPE.

THE AVERAGE DIAMETER OF ERYTHROCYTES WAS 6.2 microns.

ACCORDING TO OUR PRELIMINARY STUDIES THE METABOLISM OF "VITAMIN C" IS SIGNIFICANTLY INFLUENCED BY INTESTINAL DISEASES. THE "VITAMIN C" CONCENTRATION IN BLOOD SERUM IS DIMINISHED, 4-6mg% AND CAN BE BETTER INFLUENCED BY PARENTERAL ADMINISTRATION OF VITAMIN "C" THAN WITH ORALLY ADMINISTERED VITAMIN WHICH IS ANOTHER PROOF THAT THE ABSORPTION OF THE VITAMIN FROM THE INTESTINAL TRACT IS IMPAIRED.

IN 1948 I REPORTED SOME OF MY OTHER EXPERIMENTS IN CONNECTION WITH THE METABOLISM OF "IRON".

I DESCRIBED AND POINTED OUT AN EPIDEMIC, D.C. 026 B<sub>6</sub> UNKNOWN BEFORE WHICH OCCURS IN NURSERIES.

THE NAME OF THE INSTITUTE (OR TEACHING CHAIR) : CSORNA JARAS COUNCIL HOSPITAL .

LEADER : Dr. K E V I C Z K Y P A U L  
medical director  
chief physician

ADDRESS OF THE INSTITUTE : C S O R N A ,  
G Y O R M E G Y E (COUNTY ?)  
RED ARMY STREET .

RESPONSIBLE RESEARCHER : Dr. B. GY.  
CHIEF PEDIATRICIAN .

R E Q U E S T S H E E T F O R C R E D I T  
(FOR THE PURPOSE ).

( F O R T H E Y E A R 1 9 5 6 )

M.T.A. + E.T.T.  
COMBINED PLANNING SUBJECT

IV/ 2. ( APRIL 2. ???)  
ANSWER :

THE NAME OF THE SUBJECT : CLINICAL STUDY OF INTESTINAL INFECTIONS IN SUCKLINGS  
WITH SPECIAL CONSIDERATION TO THE DIFFERENT TYPES OF  
PATHOGENS, THE COMPLICATIONS ASSOCIATED WITH THESE IN  
FECTIONS.

WHAT PART OF THE SUBJECT ARE YOU PLANNING TO WORK  
WORK OUT IN THE YEAR 1956 ? ANSWER :

- 1./ I SHALL CONTINUE THE EXAMINATIONS OF THE  
GASTRIC ACIDITY , HAEMATOLOGICAL STUDIES ,  
AND THE METABOLISM OF VITAMIN "C" IN INTESTI-  
NAL DISEASES .
- 2./ EXAMINATIONS OF THE BACTERIAL FLORA OF THE  
INTESTINES AND ITS ALTERATIONS .
- 3./ CONTINUE THE BACTERIOLOGICAL, BACTERIO -  
RESISTANCE AND HISTOLOGICAL EXAMINATIONS  
IN ASSOCIATED EAR INFECTIONS .
- 4./ WILL START THE PARENTERAL ADMINISTRATION OF  
IRON PREPARATIONS, FOLIC ACID AND VITAMIN B 12  
IN INTESTINAL INFECTIONS AND WILL FOLLOW UP  
THE IMPROVEMENT OF ANEMIAS AND THE CHANGES IN  
THE CLINICAL PICTURE .

a ) E X P E N S E S O F P E R S O N A L C H A R A T E R I S T I C :

FOR TRANSLATION PURPOSES : \$ F O R I N T S .....

FOR DESCRIPTION FEES : - " -

FOR SPECIALISTS FEES : - " -

FOR PART TIME FEES : - " -

TOTAL PERSONAL EXPENSES : .....\$ FORINTS

b) R E S E A R C H F A C I L I T I E S :

DELEGATION EXPENSES : \$ 300 FORINTS FOR :

TO RELATE IN DETAIL, INSTRUCTIONS AND  
DISCUSSIONS AT THE :

O. K. I.  
ORSZAGOS KOZEGESZEGUGYI INTEZET  
COUNTRY PUBLIC HEALTH INSTITUTE

B U D A P E S T

D R U G S , C H E M I C A L S  
AND GLASSWARES : \$.1.000...FORINTS

LABORATORY ANIMALS : \$...... FORINTS

ANIMALS FEEDING : \$...... FORINTS

B O O K S : \$...... FORINTS

JOURNALS : ..... FORINT S

OTHER MATERIAL : \$...200...FORINTS

TOTAL EXPENSES FOR MATERIAL & FACILITIES .....\$.1.500...FORINTS

TOTAL EXPENSES FOR PERSONAL AND RESEARCH FACILITIES :

\$ 1.500 FORINTS

.....195... MO... DAY...

.....  
the leader's signature

P.H.

.....  
the signature of the responsible  
RESEARCHER .

NB.(NOTE ) :

THE PROCURMENT OF MATERIAL AND FACILITIES CAN BE PLANNED ONLY UP TO  
THE SUM OF \$ 4.000 FORINTS BECAUSE FACILITIES WHICH COST MORE THAN  
\$4.000 FORINTS ARE CONSIDERED AS "INVESTMENTS " AND SHOULD BE REQUESTED  
AT THE CHAPTER OF " INVESTMENTS " .

HAFD YOUR RESEARCH ALREADY RECEIVED SUPPORT FROM THE A C A D E M Y ??  
AND HOW MUCH YEARLY ??

B U D A P E S T 1955 .....

LEADER OF THE INSTITUTE OR  
TEACHING CHAIR .

b P.H.

DECISION OF THE DEPARTMENT'S DIRECTORY :

AD I. A C C E P T E D R E S E A R C H S U B J E C T :

AD II. E N N D O R S E D

a) I N V E S T M E N T F R A M E

b) S U P P O R T O F T H E P U R P O S E F R A M E .

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